RACI Matrix in Brief for FICEMS

Safety, Education, and Workforce Committee

Goal 5: An EMS culture in which safety considerations for patients, providers, and the community permeate the spectrum of activities.

Objective 5.1: Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce

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Task	Brief Status Update
Improve safety of EMS personnel A. Resources & test methods for ground ambulance standards.	1
B. Improve work environme nt safety for EMS personnel.	 In Process National Fire Protection Association 1999 Standard for Protective Clothing and Ensembles for Emergency Medical Operations: http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1999 The White House published <i>Fentanyl Safety Recommendations for First Responders</i> (https://www.whitehouse.gov/ondcp/key-issues/fentanyl). NIOSH continues to provide resources for EMS personnel and their potential exposure to Fentanyl. The Interagency Board (IAB) Equipment Subgroup (ESG) published a position

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paper <u>Recommended Best Practices to Minimize Emergency Responder Exposures to Synthetic Opioids, Including Fentanyl and Fentanyl Analogs</u>. NIOSH also supports a website Fentanyl: Preventing Occupational Exposure to Emergency Responders. https://www.cdc.gov/niosh/topics/fentanyl/default.html?s_cid=3ni7d2Blog-Fantanyl-topic-6.2017

- Interagency Board (IAB) position paper entitled <u>Recommendations on Selection and Personal Protective</u>
 <u>Equipment for First Responders against Ebola Exposure Hazards</u> developed by the IA ESG and Health, Medical, and Responder Subgroup (HMRS): https://interagencyboard.org/sites/default/files/publications/IAB%20Ebola%20PPE%20Imendations 10.24.14.pdf
- NHTSA and Feds supported Agenda 2050. Addresses EMS safety.

2) Assess progress of 2007 Feasibility for an EMS Workforce Safety & Health Surveillance System

In Process

- Rec #1 Develop a multi-source surveillance approach to describe and monitor EMS worker injuries and illnesses.
- Rec #1a Capitalize on the presence of existing systems that capture EMS worker injuries and illnesses (e.g., CFOI, FARS, SOII, and NEISS-Work) and continue to analyze those data to produce current EMS injury and illness estimates.
- Rec #1b Establish connections between data source contacts with a goal of jointly analyzing EMS worker injury and illness data.
- Rec #1c Augment and expand existing surveillance systems to improve the capture of EMS specific data.
- Rec #1d Explore opportunities for capturing denominator data to allow rate calculations.
- Progress summary document which includes a variety of recommendations. Aforementioned recommendations are in process.

3) NIOSH & NHTSA NEISS work project tracking nonfatal, emergency department treated injuries among EMS workers.

In Process

Completed

- NIOSH and NHTSA published results of the study on nonfatal work-related in injuries to EMS personnel (as reported through emergency departments).
- Article on study on nonfatal work-related injuries was published on-line in the Prehospital Emergency Care journal in January 2017.
- NIOSH and NHTSA developed a fact sheet for EMS system employers to communicate the results of the study on nonfatal work-related injuries to EMS personnel (as reported through emergency departments).
- NIOSH and NHTSA finalizing infographic for EMS personnel to communicate the results of the study on nonfatal work-related injuries to EMS personnel.

Objective 5.2: Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.	
1) NHTSA Fatigue Risk Management Project	In Process Conducting pilot testing of the evidence-based recommendations Supporting modeling of various work shifts to help reduce fatigue. Completed Dr. Patterson provided an overview of the methodology and recommendations at NASEMSO in October 2017 that are expected to be published in NASEMSO's official journal, Prehospital Emergency Care. First phase of the effort produced the initial set of evidence-based recommendations. A series of articles have been published in 2018 (e.g., Prehospital Emergency Care, NASEMSO's official journal).
	In Process • The contractor is assessing the status of EVOC training throughout the U.S. The contractor is analyzing the data and will produce at least one journal article in an agreed upon peer-reviewed journal. pport the development and use of anonymous reporting systems to record and errors, adverse events, and "near misses".
Task	Status Update
1) Track medical errors/pati ent safety events	 Several systems are operational that collect a variety of information on near misses and patient safety issues. Still working to get connected with groups running these systems and what data is collected. Center for Leadership, Innovation and Research in EMS Voluntary Event

	Notification Tool (E.V.E.N.T) https://event.clirems.org/ 2. Having discussions with the Center for Patient Safety, a Patient Safety Organization (PSO) which tracks close calls and patient safety issues. http://www.centerforpatientsafety.org/ 3. FDA Adverse Event Reporting System (FAERS) 4. FDA Medical Device Reporting (MDR) data system
2) Track near miss/close call reporting for EMS personnel safety.	 In Process International Association of Fire Chiefs near-miss reporting system. Site for "Medical Call:" http://www.firefighternearmiss.com/Reports

Goal 6: A well-educated and uniformly credentialed EMS workforce.

reciprocity of EMS personnel.

Task

Status Update

Objective 6.1: Promote implementation of the "EMS Education Agenda for the Future" to encourage uniform EMS education, national certification, and state licensing.

Task	Status Update
education agenda and its components	 In Process NHTSA and HRSA are supporting a twenty-four month project to revise the 2009 EMS Education Standards and Instructional Guidelines. Completed Posted the 2016 NEMSAC edits to 2000 Education Agenda on www.EMS.gov. Posted the 2018 National EMS Scope of Practice Model on www.EMS.gov Posted the EMS Agenda 2050 on www.EMS.gov.

1) Monitor and Support REPLICA effort.	 REPLICA has been adopted by 16 states (www.emsreplica.org) and continues to work with State EMS offices in support of their REPLICA needs and efforts.
2) Support a culture of safety and health in emergency services that prioritizes the mental and behavioral health of responders.	In Process DHS Office of Health Affairs in conjunction with the National Academies of Science sponsored a workshop to explore the impact of operational stressors on the health performance of the Department of Homeland Security (DHS) law enforcement workforce (January 2018) http://nationalacademies.org/hmd/Activities/PublicHealth/MedicalReadiness/ZJAN-17.aspx • DHS also developing a graphic model show various approach levels (primary, secondary, tertiary) to recognizing and handling resilience health and performant of law enforcement.
	 DHSTogether, under the former Office of Health Affairs, was created as a DHS-wide initiative focused on resilience and suicide prevention (includes Training/Posters/Brochures) of its entire workforce especially it's law enforcement components.

Objective 6.3: Work with State EMS Offices to support the transition of military EMS providers to civilian practice.

released August 2016. **NEMSAC** recommendation

The FICEMS Statement on Mental Health and the Public Safety Community was

Task	Status Update
1) Working with NASEMSO and State Offices of EMS to streamline the licensing and credentialing	 In Process Federal partners need to continue to promote and help implement all available Military to Civilian Transition resources to veterans and the national EMS community. Completed
process for separating	NHTSA, DOD and other Federal Partners supported NASEMSO with leading the Military to Civilian Transition Project and much more info and resources can be

military medics to civilian EMS	found at NASEMSO's website: https://www.nasemso.org/Projects/Military-to-Civilian-EMS-Transition/index.asp
2) Support Veteran Emergency Medical Technician Support Act to assist Vets with military EMS training to meet requirements for becoming civilian EMTs. (CARA Act)	